Restructuring Institutional Care: Challenges and Coping Measures for Children and Caregivers in Post-COVID-19 Era

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Abstract

The sudden outbreak of COVID-19 pandemic has rattled the world and has severely compromised not only the public health system but has decelerated the global economy. In this backdrop, the article explores the dynamics of the institutional care of the out-of-home care (OHC) children, adolescents and children who are residing in alternative care homes, childcare institutes (CCIs), foster homes and who are in conflict with law like refugees or in juvenile correctional centres. The article attempts to highlight the risk factors and systematic barriers that CCIs and associated functionaries have been confronting in the aftermath of the COVID-19 pandemic worldwide. It would also catalogue the remedial, preventive and protective initiatives undertaken as best practices. The qualitative content analysis method is used to identify major themes related to the ongoing COVID-19 pandemic and institutional care of children. Critical evaluation of literature reviews, published newspaper reports and articles and documentation of webinar proceedings is performed for theoretical and thematic conceptualisation of this article. The fundamental barriers that surfaced include financial barriers, health and nutrition, social justice, educational barriers, safety issues, administrative barriers, management, rehabilitation and integration of children living in CCIs and the ones who are leaving the CCIs. The unprecedented challenges have exposed the emergency unpreparedness and lacunae in functioning of CCIs in diverse ways. This has necessitated the undeniable need for reframing the regulatory directives for protection of child rights; accounting for the newer structural reforms aiming for standard operating

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procedures (SOPs); compliance and accountability guidelines; upgrading training and capacity building of the caregivers; addressing issues of psycho-social, mental health and well-being of the children and caregivers; building resilient coping strategies and enhancing the dignity, flexibility, inclusivity and sustainability in the responsive policy formulation regarding overall childcare system. This entails a multi-sectoral, participatory and coordinated approach as envisaged in United Nations Convention on the Rights of the Child (UNCRC) where the concerned stakeholders, including government legislations, non-governmental organisations (NGOs), civil societies, grassroot organisations, individual CCIs and management staff, would ensure non-discriminatory measures protecting the best interests of the children.

Keywords

Caregivers, COVID-19, CCI, mental health, children, care-leavers, aftercare

Introduction

Children in Childcare Institutes (CCIs) are a forgotten lot and the COVID-19) pandemic has compounded their challenges, highlighting their deplorable plight. According to the Juvenile Justice (JJ) (Care and Protection of Children) Act, 2015, these Children in Need of Care and Protection (CNCP) in CCIs or orphanages live temporarily before they are placed suitably in foster homes, adopted or reunited with family. But in reality, most children continue to live in CCIs until they are deinstitutionalised at the age of 18 years. This is gauged from the fact that there are more than 9,500 CCIs in India sheltering more than 370,000 children (MoWCD, 2018), while a little more than 4,000 children were adopted during the period 2018–2019 (CARA, 2018).

In this background, this article seeks to explore the potential impact of COVID-19 on the children and caregivers under institutional care and functioning of the alternate care homes worldwide. It also chronicles the best practices, proposing recommendations based on the unfolding pandemic situation. The author intends to raise certain questions that have emerged, in order to contribute to informing future policy and research, regarding institutional childcare.

Methodology

Qualitative content analysis method (Mayring, 2000) is used for identifying the major themes related to the COVID-19 pandemic and institutional childcare. The rationale was that the major challenges and best practices adopted by CCIs due to COVID-19 would be captured in the news articles. The content has been restricted to the relevant articles and news items, published from 22 March to 5 September 2020 online, of the Indian and global English daily newspapers alongside reputed

international journals and organisational websites. Set of keywords were systematically fed into the search engine, and the content relevant to COVID-19 was coded into major themes. There were 73 articles relevant to institutional childcare in the context of COVID-19, which was included in the study.

Further, literature review was carried out to understand the background problems of the CCIs' management facilitating in thinking of the possible future course of action. The article does not claim to be comprehensive and intends to throw some light on the preliminary research of COVID-19's impact on children under institutional care and pivot the discussion towards it.

Challenges for Childcare Institutions and Children

Overcrowding and Need for More Childcare Institutions

It is feared that the COVID-19 crisis would steeply increase the proportion of children in CCIs, making CCI management more challenging. The COVID-19-induced socio-economic trap would push more than 65 million children into poverty, thereby adding to the estimated extremely poor 386 million children in 2019 (UN, 2020). Closure of schools and unaffordability would lead to enormous school dropouts, child labour, forced child marriages, issues of trafficking and violence of children and thus rescue and rehabilitation needs and admission into CCIs would tremendously increase. Moreover, the restoration of children into foster care would witness a setback, owing to financial slump in family income.

Poor Aftercare Infrastructure

The need for strengthening the aftercare homes is conspicuous as integration of childcare-leavers upon turning 18 years into mainstream life is challenging; more so in post-COVID-19 times. But legal unawareness by functionaries and young adult beneficiaries about provision of aftercare services ensured under JJ Act, 2015, make them vulnerable to struggles, marginalisation and social exclusion (Udayancare, 2019). There is dearth of 'transitional planning', and, often, children are not consulted in their aftercare and rehabilitation plan (Udayancare, 2019).

Children representatives from Southeast Asian aftercare homes reported their grievances of having poor social networking and dismal resource base, which impeded acquiring suitable employment in the formal sector after the emergence of the COVID-19 pandemic (Andrews, 2020). Young care-leavers from Cambodia, Vietnam, Laos, Indonesia, Philippines and Thailand complained that absence of effective coordination between the vocational institutes and enterprises has dwindled the job opportunities in these challenging times. The webinar highlighted that COVID-19-induced job loss has exhausted their savings, which has adversely affected finding safe and reasonable housing. Many are on the verge of being homeless and destitute. The SOS Village had formulated a declaration stating the urgency in harbouring financial support and technical guidance for the young

care-leavers for housing needs. The COVID-19 pandemic has exposed the loophole of scarcity in infrastructural support mechanism for care-leavers' integration, and, thus, incidences of panicked help-seeking have been reported from the young adults for 'emotional support, re-skilling to match the current requirements of the job market and financial security' have been registered (Andrews, 2020).

Difficulty in Childcare Institution Management

CCIs provide a safe space, catering to the basic needs of the children. But the COVID-19-induced lockdown had stalled their smooth functioning. Procurement of essential commodities, menstrual hygiene products, medicines and teaching materials became difficult as supply logistics were affected (*The Times of India*, 2020). Since social distancing mandates were imposed, the non-resident CCI staff (Mazumdar, 2020) had to be kept out of premises, halting or limiting welfare activities. Residential caregivers at CCIs had to undertake additional workload of keeping the children engaged through art and craft, reading and games, tutoring and counselling.

The necessity of arranging additional quarantine space for infected CCI residents is another challenge due to the space crunch. Subsequently, supervision of children under physical distancing mandates with limited staff has aggravated the burden of care. According to the Ministry of Women and Child Development— MoWCD (2018), 53.6% of the CCIs in India did not have adequate number of caregivers, and only 28.7% had adequate food.

Few audits of CCI management have reported that it was difficult to explain to children the sudden implementation of rules on social distancing, giving rise to anxiety and fear (*The Times of India*, 2020). Thus, on 30 March 2020, the Central Government of India directed observation and special homes to send back children in conflict with law (CICWL) back to their homes amid nationwide lockdown (*Hindustan Times*, 2020).

Management of children in CCIs—terminally ill (human immunodeficiency virus—HIV and acquired immunodeficiency syndrome—AIDS), disabled, with special learning needs, affected by armed conflict, rescued from streets, survivors of trafficking and abuse, children with history of separation, displacement and refugee—is particularly exigent. However, incidences of neglect (Bakermans-Kranenburg et al., 2008; Haarr, 2011), maltreatment (Pinheiro, 2006), violence and 'harsh disciplining methods' (UNICEF, 2014) towards institutional children are rampant. Besides, COVID-19 had exacerbated the struggles further, putting strains on child welfare expenditure, sickness and death of caregivers and unavailability of institutional care at border areas and for children in transit, thus demanding immediate configuration of medium- and long-term mitigating response guidelines for the authorities (Better Care Network, 2020).

Technological Constraints

Not all CCIs are equipped to transform technologically hindering learning continuity due to inaccessibility of digital devices, poor Internet connectivity, financial constraints for scaling up and lack of technical manoeuvring capacity of educators for conducting online services. Children and care-leaver representatives located across South and Southeast Asia expressed their predicaments in navigating through the COVID-19 pandemic in various webinars. Disabled and special needs children are the most disadvantaged, being excluded due to absence of disabled-friendly learning materials (Andrews, 2020). This would disproportionately widen the inequality in educational attainment. Moreover, escalated digital dependence makes the children susceptible to mental exhaustion, not discounting the threats of cyber abuse and misuse.

Financial Shortage

Fund crunch and sole dependency on local donation, inadequate staff for daily management and physical distancing norms led to few children being sent to their respective homes. Funding has shrunk as resources are being reallocated for other urgent needs. The marginalised children are thus made vulnerable to deprivation and pushed into poverty.

According to MoWCD (2018), only 42.3% of CCIs received funds from government grants, and 23.4% and 14.8% from foreign sources and non-governmental organisations (NGOs), respectively. Surprisingly, 56.8% of funds are from individual donations, which, in this current economic crisis, have dwindled. The allied services such as educational, health and skill training for which the CCIs need to network and coordinate with various experts, professional institutes is found to be dismal. Only 27%, 16.7%, 33.2% and 22.4% of CCIs in India have requisite linkages for vocational training, legal training, mental health and health services, respectively (MoWCD, 2018). For educational, recreational and de-addiction services, the figures stand at 38.3%, 49.4% and 8.3% respectively. Conversely, Integrated Child Protection Scheme (ICPS), created in 2009–2010, released only 44% of the funds allocated (till December 2019) under this scheme as against 79% released in 2018–2019 (Mazumdar, 2020). Concurrently, CCIs in India can receive funding only after applying for it—they need to submit specified budget proposal that undergoes tight, lengthy scrutiny. The cumbersome process of grant approval often fails to deliver funding at appropriate times when the CCIs need it most.

Child Exploitation

The spike in child abuse cases as reported by Childline (*The Economic Times*, 2020), United Nations (UN) estimates of additional 13 million child marriages in the next decade (*Hindustan Times*, 2020) and the spiralling of exploitative

practices implicated by the COVID-19 pandemic has necessitated the expansion of CCI facilities worldwide. Furthermore, the rehabilitation of children into community and family environments is not feasible in this scenario, making it more challenging for CCIs to cope up with accommodating additional children. COVID-19 has impacted the newer regulation formations for CCI management to comply with. Unfortunately, some children had been restored with their families without background surveillance into their rehabilitative capabilities, owing to abrupt closure of many CCIs (Amnesty India International, 2020). This has heightened the vulnerability quotient of the children further. The COVID-19-induced unemployment and poverty would mean the children would be exposed to further traumatic experiences. The situation for the care-leavers (who de-institutionalised on attaining adulthood) is deemed worse too, with many finding it challenging to get employed, accommodation and sustenance.

Mental Health Concerns

The COVID-19-imposed uncertainty has instilled anxiety, fear and triggered trauma among the children in CCIs (Waide & Partap, 2020). Social distancing can reawaken loneliness, previous adverse experiences of abandonment and other psychosomatic symptoms. They find it difficult to adopt safety guidelines such as frequent hand-washing, wearing masks and keeping safe distance. Incidences of situational peer violence; bullying, abuse and physical harm; aggressive behaviour and attention deficit hyperactivity disorder (ADHD) (El Koumi et al., 2012), are expected to flare up amidst lack of group interactions and recreational sessions, following a regimented routine. Maltreatment under institutional care affects children negatively (Johnson et al., 2006; MacLean, 2003), giving rise to post-traumatic stress disorder (PTSD) and depression (Hermenau et al., 2011; Zeanah et al., 2006).

Isolation, non-connectivity with peers and deprivation in emotional health needs can have prolonged effects on cognitive development of adolescents (DPhil et al., 2020). Further, hormonal imbalances like polycystic ovary syndrome (PCOD) are left unaddressed without adequate medical care (Sadeeqa et al., 2018).

Refugee, Juveniles, Children in Conflict with Law and Displaced Children

Containment measures have shut many childcare shelters, affecting the migrant children, thereby exposing them to vulnerabilities—arrests, detention and extraditing them to abusive guardians. Furthermore, misinformation about COVID-19 transmission has accelerated the 'xenophobia and discrimination' and violence against undocumented international migrants (Brandt, 2020). According to the United Nations Human Rights Council—UNHRC (2020), COVID-19 has threatened disruption in the children refugee education programme, jeopardising the critical advances made in past few decades. The risk is graver for the girls who are less likely to be enrolled in schools (*UN News*, 2020).

One-fourth of the 1.4 million refugees in Uganda are children; majority of the children unaccompanied by any adult have been braving the inadequate resources and overcrowding at relief camps. Children refugees have been fleeing neighbouring conflict-stricken South Sudan and the Democratic Republic of the Congo, risking their lives (100 Million, 2020).

Reportedly, a large proportion of juveniles confined at state-run correctional facilities in the USA had tested positive with the infection (Human Rights Watch, 2020; Rovner, 2020). Thus, the number of juvenile arrests and detainment declined in the USA (Fadel, 2020), and speedy trials are being conducted to release them (YCLJ, 2020) or place them under house arrest and electronic monitoring facilities (Kees, 2020). To curb the disease spread, family visitation has been suspended. With denial of virtual connectivity due to unaccommodating state budgets, juveniles are being subjected to solitary confinement (Buchanan et al., 2020).

Best Practices and Remedial Interventions

Reports from Tamil Nadu, India (*The Indian Express*, 2020), surfaced, wherein the CICWL residing at CCIs contracted COVID-19. The Supreme Court of India intervened, seeking status report for monitoring the child protection. On 3 April 2020, the apex court sought the situational report on the children living 'in protection, juvenile and foster or kinship homes across the country' and issued protective orders to state governments for safeguarding children at care homes from the COVID-19 pandemic. It urged the Juvenile Justice Boards (JJBs) to release the 'CICWL residing in observational homes on bail' (*The Indian Express*, 2020). Furthermore, the Child Welfare Committees (CWCs) were asked to monitor telephonically the children who were restored to their families, to synchronise with District Child Protection Committees, foster care and adoption committees for the children in foster homes. Under the court order, state governments had to circulate instructions pertaining to standard operating procedures (SOPs) to CCIs on raising awareness on the COVID-19 transmission, holding virtual court sessions for speedy disposal of legal cases concerning children and provision of online counselling by the JJBs to children under observation homes. Additionally, the court ordered to engage trained volunteers for childcare in CCIs, CNCP, CICWL in observation homes, children in foster and kinship care and sought to review the challenges faced by functionaries in this pandemic.

The Ministry of Health has kept a special helpline number functional as an emergency COVID-19 response in addition to Childline (India Legal Bureau, 2020). The National Commission for Child Rights (NCPCR), India, asked the state governments to protect children of migrant workers heading back home (*The Hindu*, 2020) and directed Childline and CWCs to 'identify abandoned, orphaned, or lost children, and children found living or begging on the streets, and children moving in with migrant families and place them in CCIs or 'fit facilities' (CCIs run by voluntary groups or nonprofits and deemed suitable by the government)'

(Mazumdar, 2020). Few state governments like Odisha and Bihar had transferred ad hoc funding to aided CCIs for a 3-month period (from April to June 2020) to tide over the lockdown period (*The Times of India*, 2020).

Since the kinship care—both formal (where child welfare authority places a child under foster home having a legal custody over it) and private or informal care (child placed with a non-parent/relative, neighbour or godparents) (Schwartz, 2002)—is risky amidst the pandemic, the CCIs have attempted their best to adjust. CCIs initiated information dissemination about the COVID-19 pandemic and started an online mode of training and teaching for in-house staff and children, following strict safety protocols as issued by the government (Amnesty India International, 2020). While the non-residential staff were unable to meet children in person, they connected with them virtually, extending guidance and support.

UNICEF has coordinated efforts with partners to understand the 'unique challenges' confronting these children and to 'ensure child protection services to continue for migrant and displaced children' (Brandt, 2020). Rapid assessments are ongoing to examine the socio-economic impact of the COVID-19 pandemic in Myanmar, Cambodia and Vietnam. Distribution of WASH (water, sanitation and hygiene) facilities in migrant quarantine centres and 'conducting targeted community out-reach' have been underway in Thailand (Brandt, 2020). Organization 100 Million (2020) has worked with young community leaders and volunteer frontline workers in Kenya to refurbish isolation facilities and strengthen communication systems by leveraging local media platforms. UNICEF co-partnered by Alliance for Child Protection in Humanitarian Action issued guidelines regarding children in detention on 9 April 2020. However, countries such as Portugal, South Africa, Iraq, Brazil and Afghanistan refused to grant parole or release children detainees (Human Rights Watch, 2020).

Representatives of ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC), UN bodies and governmental agencies of Southeast Asian countries participated in effective dialogues, sharing their remedial practices to combat the COVID-19-led destabilisations.

Recommendations and Way Forward

Given the myriad challenges plaguing the CCI management, few capacity building recommendations are discussed thematically.

a. Public investment in increasing secure and affordable housing space for the CCIs and aftercare; especially for girls is imperative. Governments must increase the budget under ICPS for extension of funds disbursement for all registered CCIs for a longer duration. The funding process should be streamlined, with relaxation in eligibility criteria and seek collaboration from corporate social responsibility (CSR) (Mazumdar, 2020). Enhancement of hygiene standards and offering quality healthcare facilities in the care-home deficit areas must be furnished. Private-public funding partnerships for procurement of essentials and awareness campaigning for

      safety-precautionary measures in multiple languages for CCIs management must be envisaged by concerned authorities.

b.   Formulating a suitable care plan and thorough assessment of the familial socio-economic background, neighbourhood safety as part of the continuum of care must be made before children are deinstitutionalized post-Covid-19. Government and NGOs must ensure forging industrial partnerships with corporations and vocational training schools for young adults in aftercare for job placements. Contributing financial support through scholarships is crucial for assessing quality higher education and entrepreneurial ventures by young adults. Since ownership of legal documents (citizen identity, passport, caste and disability certificates) is prerequisite for availing social protection schemes, government must ensure dispatch of such to the children.

c.   Training for the caregivers for handling disaster situation must be mandatory upon recruitment and adequate time allotment for active coaching engagement should be made (Aikens and Akers, 2011). Studies explicitly evidence (Howes et al, 2008; Mashburn and Pianta et al, 2008, Ruzek et al, 2014), that high quality caregiver-children interactions especially emotional support and instructional practices are crucial for increased social competence and reduced behavioural problems among children (Burchinal, Vandergift et al, 2010; Curby et al, 2013). In another intervention study in Latin America depicted improved caregiver-children interaction characterized by sensitive response and positive children development subsequent to staff training schemes (Lecannelier et al. 2014; McCall et al. 2010).

d.   Thus workshop training in combination of coaching and mentoring (Schachter, 2015; Zaslow et al, 2010) followed by intensification of 'caregiver practice' and 'practice-focused feedback onsite' are found to be instrumental. Web-managed coaching and consultations and individualized instructional modules can be envisaged under the newer norms of physical distancing. Furthermore initiation of caregiver-led formal peer suppyort networking platforms (Bromer et al. 2009; Snyder et al, 2012) and 'reciprocal peer coaching'; in which observation and feedback is performed by caregivers upon each other, (Donegan et al, 2000) would expand the learning opportunities and technical assistance within the caregiver groups. Structural changes in the CCIs with regards to perpetuating caregivers' tenure and limiting number of caregiver per child is suggested (Crockenberg et al 2008) as it helps instill stability in care management in children's development. Simultaneously care-givers must be sensitized to imbibe an interpersonal, informal and intimate approach in handling their care-giving tasks and must be notified against following a 'perfunctory business-like manner' (McCall and Groark, 2015).

e.   Primarily an inclusive 'child-centric best interests' approach must be constructed as coping strategy. For this, care-gap and needs assessment at CCIs must be investigated for developing stipulated goals and ameliorating interventions. Research and rehabilitative practices for children at risk

must be context-specific and build on systems approach positioning casework as methodology. Strengthening of community resources, family and kinship bonds, building resilience, social solidarity and frequent stakeholder interactions is needed for harnessing cooperation and collective advocacy. It is advisable to encourage children and provide them opportunity to engage with local governments for awareness cum confidence generation about Covid-19, distribution of essential commodities, decision making and voicing their burdens and needs.

f.   CCIs must guarantee a work-life balance and safeguard decent work interests for caregivers and provide adequate support services for their dependents as well as vouchsafed under SDG 8. This is because caregivers are also susceptible to work exhaustion and need time to rejuvenate. Provisions of mental healthcare resources such as counselors, psychiatric practitioners by the CCIs are important amidst the uncertainty looming in post Covid-19 era. Conducting regular counseling becomes supreme to track, monitor and supervise children's daily activities. Tele-counseling, tele-medicine delivery, online monitoring are some of the initiatives under psycho-social support system for CCIs (Amnesty India International, 2020). Staying connected with the children, following a daily routine, watching out for negative behavioural symptoms are some measures that caregivers must undertake. Emphasis is required on to tackle the tabooed problem areas concerning sexual and reproductive health (SRH), child abuse, hormonal imbalances and emotional/mental health for the CCI caregivers and the children.

g.   Use of information and communication technology (ICT) and Geospatial Information System (GIS) based mapping is recommended for real-time monitoring and evaluation of ground realities. Additionally there is an urgent need for robust data management, intermittent assessments and active sharing of the research findings about the children and youth across the countries. Mobilization of multilateral digital networking at stakeholders' hierarchies is critical for enabling lucid approachability and unhindered interactions. All ratifying countries of United Nations Convention on the Rights of the Child (UNCRC) and Sustainable Development Goals (SDGs) are expected to endorse the principles and fight collectively against all forms of discrimination against children and care-leavers.

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